U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

5. Position in labor organization.	01/	101 / 2004 Through: $12 / 31 / 2004$
Labor Organization File Number  P.O. Box, Bldg., Room No., if any  Street  Street  City Cheyeane State  State  State  Street  City Cheyeane State  State  Street  City Cheyeane State  Manny  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the (except as specified in the exclusions set forth in the instructions)  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively saeking to represent 6. Name and address of Employer (including trade name, if any).  Name  7.a. Nature of interest, Transaction, or income.  Street  City  State  ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory.	s of person filing.  4. Name, file n	umber, and address of labor organization.
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory	Signature	
	port (including the information contained in any accompanying documents),	has been examined by the signatory and is, to the best of the
Signed Empro On <u>F-S-05</u> 207-63 Date Telep	Empra on E	8-05 Date Telephone Number

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name IBEW 669 4/5  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 5958  Street  City Chevenne  State Warman ZIP Code + 4 \$ 2003 595	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Fighth Obstrict Electrical Review Fig.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any State 1005  Street 2821 South Parker fload  City Aurua  State Colorado ZIP Code + 4 \$8014	Pelmbaysements  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	1776.16	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Trom any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.  14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any Street			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	,y		